

Teen Pregnancy in Missouri

Although the teen birth rate has declined steadily, the United States still has the highest teen pregnancy rate of any industrialized country. The next closest country, the United Kingdom, has a rate that is half of that in the United States.

Giving birth as a teen increases the social, economic and health risks for both the mother and baby. The costs of births to teens, nationally, are estimated at almost \$7 billion a year when combining lost tax revenues and increased spending on public assistance, child health care, foster care and the criminal justice system. Eight to twelve years after birth, a child born to an unmarried, teenage, high school dropout is 10 times as likely to be living in poverty as a child born to a mother with none of these three characteristics.

Families headed by teen mothers are often poor because the mother is the sole financial provider. Three out of five teen mothers drop out of school. These mothers have little employment history. Lack of education and job experience combine to leave these young mothers dependent on public assistance.

Fathers are rarely able to contribute to the support of the child. Recent data from the census bureau show that only 56 percent of males age 16-19 had any earned income in 2000 and that the average annual income for those who worked was slightly less than \$6,300. Given this situation, it is not surprising that only 10 percent of mothers ages 15-17 received any child support payments in 1997.

Teens who are at high risk for becoming teen mothers often live in economically disadvantaged families or communities, have poor school performance and have substance abuse and/or behavior problems. The children of teen parents are more likely to have health, education and behavior problems.

Missouri's teen birth rate has declined steadily since 1992. In 2001, 9,308 teen girls, age 15-19, gave birth. Girls between the ages of 15 and 17 accounted for 29.9% of all births to girls under age 20 in Missouri, while girls under age 15 accounted for just over 1%.

Better use of contraceptives is one potential factor contributing to the decreasing teen birth rate. According to the 1999 Missouri Youth Risk Behavior Survey, 41.6% of high school students considered themselves sexually active. The percent who reported that they or their partner used a condom during their last sexual intercourse increased from 52% in 1995 to 59.8% in 1999, with an additional 20.5% reporting the use of birth control pills.

The counties with the lowest teen birth rates were Worth, Nodaway and Adair. High rates (above 90.0 per 1,000 teens) were found in McDonald, Dunklin, Pemiscot and Mississippi Counties. There are some positive trends regarding counties with high birth rates. The counties of Hickory, Pemiscot and Worth made substantial reductions in their teen birth rates between 1997 and 2001.

Source: Kids Count in Missouri 2002

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03/03

Sexually Transmitted Diseases and HIV/AIDS

Teens who are sexually active are at risk of developing sexually transmitted diseases such as chlamydia, gonorrhea or syphilis. In 2001, more than 7,362 Missouri boys and girls ages 10 to 19 contracted one of these diseases, accounting for 32% of all cases.

The Missouri Department of Health confirmed 18 new cases of HIV infection and 4 new AIDS cases among 13 to 19 year olds in 2001. Between 1985 and 2001, a total of 204 teens have been diagnosed with HIV and 94 with AIDS. A total of 26 children under the age of 15 died from AIDS between 1990 and 1998.

Preventive Factors

Ways to reduce teen pregnancy include:

- Strong parental communication with children regarding sexual issues, which can enhance a child's decision-making skills and contribute to delay of initial intercourse;
- Early intervention strategies such as counseling, social skills training, and educational enhancement for adolescents who are at a high risk for early sexual intercourse;
- Collaborative arrangements with parents, schools, and communities to offer sex education, general health services and mental health services, and life and family planning workshops;
- Opportunity for school success, including academic, social and leadership development;
- Access to reliable contraceptives;
- Programs that target teen parents to reduce the occurrence of repeat pregnancies;
- Services that promote healthy outcomes for teenage parents, incorporating care after birth and pediatric care;
- Comprehensive support that includes child care and employment training for teen parents wishing to continue in school.

The teen birth rate for minority girls was 63.5 per 1,000 in 2001, compared to 41.6 for Caucasian girls. While rates for both groups of girls improved between 1997 and 2001, the improvement in the minority rate was greater.

Births to Teens, 1992 - 2001

